



**BROOKHAVEN NATIONAL LABORATORY  
OFFICE OF EDUCATIONAL PROGRAMS**

**2011**

**COMMUNITY SUMMER SCIENCE PROGRAM**

**Letter of Recommendation Request**

To the Student: Please print your name space below. Sign and date this form and then submit it to the person who will serve as a recommendation for you.

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

Dear Colleague: The student listed above is applying to participate in the Community Summer Science Program at Brookhaven National Laboratory. Please provide your opinion of the student's potential and interest in science, his/her approximate rating in your class, the scope of your contact with the student and any other additional comments that you believe to be appropriate. Letters prepared in support of the student's college applications may be submitted.

Letters of recommendation must be received by **Friday, April 29, 2011** to ensure that the student's application will not be rejected as incomplete. Please forward your letter to:

Catherine Osiecki  
Community Summer Science Program  
Brookhaven National Laboratory  
Science Education Center, Bldg. 438  
Upton, NY 11973-5000

This is to certify that I wish to request a letter of recommendation to Brookhaven National Laboratory in support of my Community Summer Science Program application.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_